

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>009443</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SELECT SPECIALTY HOSPITAL-EVANSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 SE 4TH ST EVANSVILLE, IN 47713</b>		
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S 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State investigation of a hospital complaint.</p> <p>Complaint: IN00164322 Substantiated; State deficiencies related to allegations are cited.</p> <p>Date of Survey: 04-02-15 &amp; 04-09-15</p> <p>Facility Number: 009443</p> <p>QA: cjl 04/29/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff</p>	S 912		6/19/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure standards and practices of patient care were provided for 3 of 5 patients (Pt#3, Pt#4, &amp; Pt#5).</p> <p>Findings:</p> <p>1. Review of policy/procedure (P&amp;P) Number: F02-G, Titled Fall Reduction Program, indicated</p> <p>a. In the Introduction: ...the facility has established that the vast majority of patients are at risk for fall incident during their stay...The focus of the facility program will be to consider all patients at high risk for fall and to bundle the approach into a group of standard precautions as well as implement a structured approach for HOURLY ROUNDING.</p> <p>b. Under Policy: II. a. Hourly Rounding - must be structured, assigned and consistent. Process is not owned by nursing assistants but owned by all team members. m. Toileting Plan: This means that there is a scheduled (we ask) as well as prn (patient asks) toileting plans; Bowel, Bladder. UNDER NO CIRCUMSTANCES WILL A PATIENT THAT REQUIRES ASSISTANCE TO THE BEDSIDE COMMODE (BSC) OR TOILET</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>BE LEFT ALONE WHILE ON THE BSC OR TOILET.</p> <p>2. Review of patient medical record for Pt#5 indicated the patient had a fall risk assessment per the Admission Database with NOTE: All patients are considered at risk to fall. Specific interventions indicated by marked box selections included, but were not limited to: Offer assistance to bathroom every 2 hours, Check pt every 1-2 hours on all shifts. The record lacked evidence of hourly rounding and or patient being offered bathroom assistance every 2 hours.</p> <p>3. Review of patient Alert Report logs (Call light response logs) during admission of Pt#3, Pt#4, &amp; Pt#5 indicated the following: Pt#3 had call light wait times greater than 10 minutes between 1/13/15 and 1/29/15 as follows: call light/alert system activated 132 times, 23 responses were indicated to be greater than 10 minutes, 10 of the 23 were greater than 20 minutes and the longest response time was indicated to be 00:41:05hr. Pt#4 had call light wait times greater than 10 minutes between 2/10/15 and 3/3/15 as follows: call light/alert system activated 134 times, 26 responses were indicated to be greater than 10 minutes, 4 of the 26 responses were indicated to be more than 20 minutes each with the longest response indicated to be 00:28:18hr. Review of the patient alert (call light) logs for Pt#5 indicated the patient call light alert was utilized 67 times between 1/16/15 and 2/1/15. 7 responses were greater than 10 minutes, 4 of those 7 were more than 20 minutes and the longest response time was indicated to be 00:46:47hr.</p> <p>4. On 4/9/15 at 12:00pm A2, nurse executive, indicated call lights were expected to be answered within 10 minutes, but the facility did</p>	S 912			

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S 912	Continued From page 3  not have a written policy for this procedure. At 1:30pm, A2 indicated Hourly Rounding is logged electronically, but not necessarily indicated in the medical record. He/she indicated logs would be provided prior to exit. At 2:30pm, A2 indicated the facility Internet system had been inoperable for more than an hour and that he/she could not obtain the Hourly Rounding logs. A2 also confirmed the time lapses greater than 10 minutes as indicated on the Alert Reports log. No further documentation was provided prior to exit.	S 912		
S 948	410 IAC 15-1.5-6 NURSING SERVICE  410 IAC 15-1.5-7 (c)(5)  (c) Drugs and biologicals shall be prepared for administration and administered as follows:  (5) In accordance with currently acceptable standards of practice.  This RULE is not met as evidenced by: Based on document review and interview, nursing personnel failed to ensure drugs were administered in accordance with current policy and procedure (P&P) for 12 scheduled medication administrations of one patient (Pt#5).  Findings:  1. Review of P&P Number: M02-N titled Medications: Standard Administration Times defined Non-Time-Critical Scheduled Medications as those where early or delayed administration within a specified range of either 1 or 2 hours should not cause harm or result in substantial sub-optimal therapy. The P&P further indicated	S 948		6/19/15

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S 948	<p>Continued From page 4</p> <p>the following in a chart: Scheduled Frequency of every 4 hours or greater - Administer within 1 hour before or after scheduled time. The P&amp;P was revised 01/01/13.</p> <p>2. Review of the medication administration record (MAR) for Pt#5 indicated the patient was an inpatient of the facility from 1/15/15 to 2/4/15 and medications were administered later than 2 hours in 12 instances during that admission as follows: Coreg EQ. 12.5mg po (oral) BID (2 times per day) scheduled 1/15/15 22:00hr was Administered 1/16/15 00:16hr, Flomax Equivalent 0.8mg po HS (bedtime) Scheduled 1/15/15 was Administered 1/16/15 00:16hr, used for Solu-Medrol IV (Intravenous) Push every 12 hours Scheduled 1/15/15 22:00 was Administered 00:16hr, Proventil by nebulizer 3ml every 6 hours Scheduled 1/16/15 13:00hr was Administered 1/16/15 15:13hr, Proventil by nebulizer 3ml every 6 hours Scheduled 1/17/15 01:00hr was Administered 1/17/15 04:22hr, Coreg EQ. 12.5mg po BIDWM (2x/day with meal) Scheduled 1/17/15 08:00hr Administered 1/17/15 11:45hr, Coreg EQ 12.5mg po BIDWM Scheduled 1/18/15 08:00hr Administered 1/18/15 10:42hr, Vancocin Equivalent 1000mg IV every 12hr Scheduled 1/18/15 10:00hr Administered 1/18/15 13:31hr, Zosyn Equivalent 3.375gm IVPB (Intravenous Piggyback) every 6hr Scheduled 1/19/15 12:00hr Administered 1/19/15 15:10hr, Zosyn Equivalent 3.375gm IVPB every 6hr Scheduled 1/21/15 12:00hr Administered 1/21/15 15:04hr, Zosyn Equivalent 3.375gm IVPB every 6hr Scheduled 1/21/15 24:00hr Administered 1/21/15 02:15hr, Coreg EQ 12.5mg po BIDWM Scheduled 1/22/15 08:00hr Administered 1/22/15 10:07hr.</p> <p>3. On 4/9/15 at 2:00pm A2, nurse executive, confirmed late medication administration entries</p>	S 948		

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S 948	Continued From page 5 per the MAR.	S 948		